

Application Data Sheet

Application Information

Application number::
Filing Date:: October 29, 2001
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art::
CD-ROM or CD-R?:: None
Number of CDs::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title:: Device and Method for the Cessation of Smoking
Attorney Docket Number:: 110001.123
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 2
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency:: No
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Barbara
Middle Name:: S.
Family Name:: Fox
Name Suffix:: Ph.D.
City of Residence:: Wayland
State or Province of Residence:: MA
Street of Mailing Address:: 26 Pemberton Road
City of Mailing Address:: Wayland
State or Province of Mailing Address:: MA
Postal or Zip Code of Mailing Address:: 01778-4818

Correspondence Information

Correspondence Customer Number:: 23483
Phone Number:: 617-526-6000
Fax Number:: 617-526-5000
E-Mail Address::

Representative Information

Representative Customer Number:: 23483

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This application | Non-Provisional of | 60/245,490 | 11/03/2000 |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |

Assignee Information

Assignee Name:: Addiction Therapies, Inc.
Street of Mailing Address:: 25 Main Street, #3
City of Mailing Address:: Wayland
State of Mailing Address:: MA
Country of Residence::
Postal or Zip Code of Mailing Address:: 01778-5036